# Adolescent Pregnancy

**Definition:** In this section, "adolescents" or "teens" are 15-17 year olds unless otherwise indicated. Analysis was restricted to 15-17 year olds because they are school age. Pregnancy among teens younger than 15 is a rare event and teens older than 17 are at lower risk for poor birth outcomes. Adolescent pregnancies are estimated by adding together reported births, induced abortions, and fetal losses for females age 15-17. Spontaneous abortions (miscarriages) occurring prior to 21 weeks gestation are not included, because there is no way of accurately estimating their number.

## Summary


**Adolescent pregnancy is related to the socioeconomic status and emotional well-being of teens, increasing their risk of school drop-out, unemployment, and other social consequences. It is also related to the child's health and is associated with low birth weight and poverty.**

**In 1994, there were 5,374 pregnancies among Washington adolescents age 15-17. The rate (52 per 1,000 female adolescents) was the lowest in 15 years.**

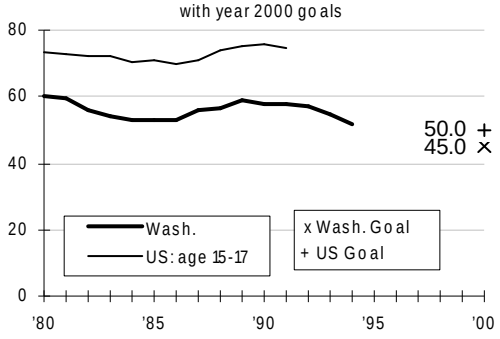
**No single approach to preventing adolescent pregnancy is appropriate for all adolescents in all circumstances. Effective prevention includes sexuality education that teaches refusal and negotiation skills and gives up-to-date information about family planning, contraceptives and sexually transmitted diseases. Adolescents need clear strong messages, first from their parents and reinforced by schools and others, about the importance of making informed choices.**


## Time Trends

The rate of pregnancy among 15-17 year olds in Washington decreased during the early 1980s to a low of 53/1,000 in 1984, and then increased to 59/1,000 by 1989. After 1989 the rate declined again to 52/1,000 in 1994, which is the lowest rate over the fifteen year period (1980-1994). The rate of pregnancy among 15-17 year olds in Washington has remained well below the national level during the last fifteen years.

**Adolescent Pregnancy**

Pregnancies per 1,000 females age 15-17 with year 2000 goals




## Year 2000 Goal

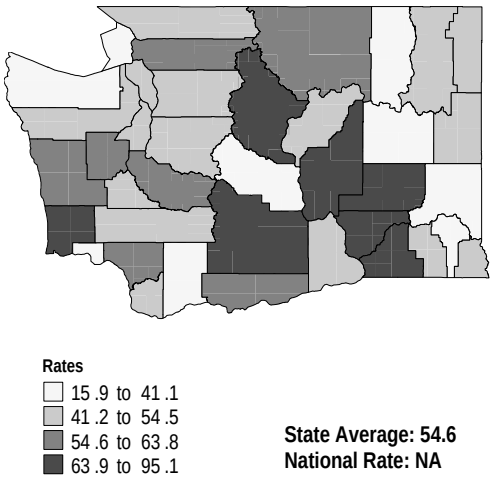
Washington's 15-17 year old pregnancy goal for the year 2000 is a rate of 45/1,000. If the recent downward trend continues, this goal is achievable.

## Geographic Variation

Washington's average 15-17 year old pregnancy rate for 1992-1994 was 54.6/1,000. Teen pregnancy rates at the county level varied widely, from 16/1,000 to 95/1,000 females aged 15-1 The counties with the highest average annual

**Adolescent Pregnancy, 1992-1994**

**Pregnancies Per 1,000 Females Age 15-17**




**State Average: 54.6**
**National Rate: NA**

rates of teen pregnancy were Franklin, Yakima, Chelan, Adams, Walla Walla, Grant, and Pacific. The lowest rates were in Whitman, Garfield, Skamania, Lincoln, Wahkiakum, San Juan, Kittitas, and Ferry Counties. High rates of pregnancy among 15-17 year olds were primarily clustered in rural central Washington counties.

## Race and Ethnicity

Teen pregnancy rates for racial and ethnic groups in Washington are not available because race data are often missing on abortion reports.[1] National data suggest that pregnancy rates among 15-19 year olds are higher for African-Americans than for Whites.[2] Racial and ethnic patterns of teen births are discussed below.

## Other Measures of Impact and Burden

In 1994, 57% of pregnancies among 15-17 year olds in Washington resulted in live births. An additional 43% were ended through induced abortions, and less than one percent ended in reported fetal death.

***Adolescent Abortion.*** In 1994, 22 out of every 1000 Washington females age 15-17 had an abortion. Over the last fifteen years, the rate of abortion among 15-17 year olds has declined while the birth rate has risen, indicating that an increasing proportion of pregnant adolescents are choosing to carry their pregnancies to term instead of aborting. Interviews with teens in King County suggest that the decreasing abortion rate may be related to misunderstandings about the availability, legality, and safety of abortion.[3]

***Adolescent Births.*** Washington's birth rate for 15-17 year olds began rising steadily after 1986, mirroring a national trend. The rate peaked in 1992 at 32.7/1,000 and declined to 29.4/1,000 in 1994. According to national data, birth rates among adolescents age 15-19 are higher for African-American teens than for whites and higher for Hispanic teens than for non-Hispanics.[2]

An analysis conducted in King County showed that teen birth rates are higher in census tracts with higher proportions of the adolescent population living below poverty.[3]

***Adult Fathers of Children Born to Adolescent Mothers.*** Fathers involved in teen births are frequently not teens themselves. Interpretation of birth certificate data is limited because nearly half (49%) of all mothers under age 18 giving birth in 1994 did not report the father's age on the birth certificate. However, among the half that did provide information, 36.5% said the father was 20-24 years of age and 12.8% said he was 25 or older. The issue of teen-adult sexual activity has important legal, public health, and economic implications which require further investigation.

***Cost of Teen Birth.*** Approximately 80% of prenatal care and deliveries among adolescents in 1993 were publicly funded. The Medicaid cost of these births in Washington State in fiscal year 1994 was $31.6 million. [4]

***Co-Outcomes for Teen Birth.*** Adolescent mothers are at risk for several adverse outcomes, including dropping out of school, having a low birth weight infant, being unemployed, and raising their children in poverty. In Washington, 52% of all mothers receiving public assistance had their first child as an adolescent, and half of these mothers lack a high school diploma or GED.[5] Teen mothers are also more likely than older mothers to delay prenatal care initiation [6] and deliver a low birth weight infant. [7]

## Risk and Protective Factors

***Poverty.*** Research suggests that adolescents from families with lower socioeconomic status tend to initiate sexual activity at an earlier age, are less likely to have an abortion, and are more likely to give birth out of wedlock than adolescents from higher income families. [8] The lower the family income and the less the mother's education, the more likely an adolescent is to report a first pregnancy prior to age 16. [8] Some researchers have hypothesized that adolescents from low-income families have less access to contraceptives and abortion. [8] Another theory is that poor adolescents are more likely to carry pregnancies to term because by having a child, a teen may gain access to family networks and support programs that otherwise may not be available.[8]

***Sexual Abuse.*** Children who have been sexually abused may experience delays in cognitive, social, emotional, and psychological development that compound their vulnerability to pregnancy. [9] Compared with other adolescents, those who have been sexually abused have first voluntary intercourse at younger ages, a larger number of partners and a greater likelihood of

adolescent pregnancy and childbearing. An estimated 60% of adolescents who have sex before age 15 have sex involuntarily. [10]

***Unprotected Sexual Activity.*** Only about 40% of heterosexual adolescents who are sexually experienced visit a doctor or clinic for contraceptives within 12 months of beginning intercourse. [10] Adolescents often report that they are poorly informed about contraception and reproductive health in general. [11] This lack of information and knowledge can limit efforts to both obtain and use contraception. Informed consent issues pose additional barriers to adolescents seeking contraception. Some providers decline to offer contraceptive care to adolescents because of insufficient knowledge about legal requirements; others may object to offering contraceptive care to minors without parental consent.

***Early Initiation of Sexual Activity.*** The earlier an adolescent girl engages in sexual intercourse, the higher the risk of unintended pregnancy, primarily because young teens are poor contraceptors and are sexually active for a longer period of time. [12] Younger adolescents more often report that they have never used contraceptives or that they are sporadic and ineffective contraceptors. [13] Research has shown that the younger the age of first intercourse, the longer the delay in going to a clinic to obtain contraception.[10]

***Family Instability and Structure.*** Several studies have shown that females from single-parent families are more likely to initiate sexual activity at an earlier age than those from two-parent families. Other factors that appear to affect the level and quality of parental support and controls and perhaps influence sexual behavior among teenagers include family composition, and mother's age at marriage. [8]

***Pregnancy Intention.*** (See Unintended Pregnancy section.)

## High Risk Groups

***African American and Hispanic Adolescents.*** African-American males and females become sexually experienced on average two years earlier than white males and females. [10] Nationally, an estimated 19% of African-American adolescents aged 15-19 become pregnant each year, compared with 13% of Hispanics and 8% of whites.[10]

It is unclear how race and ethnicity would operate to increase risks for teen pregnancy. Race and ethnicity are most likely markers for other underlying risks that we cannot easily measure or have not defined. More research is needed to understand why there are differences in adolescent pregnancy rates among racial and ethnic groups.

***Substance Abusing Adolescents.*** The association between adolescent substance use of any kind and sexual activity has been well documented in the work of several researchers. Data from the 1990 national Youth Risk Behavior Survey indicate that compared to high school students who do not use substances, those who use alcohol and cigarettes are four times likely to have had sexual intercourse, even after age, sex, and race/ethnicity are controlled. Students who use marijuana are 17 times as likely and those who use cocaine and other drugs are 31 times as likely to be sexually active. [14]

***Adolescents with Low Academic Achievement.*** A number of studies indicate a strong association between early sexual experience and poor school performance, poor performance on standardized tests, and a lack of educational goals. Adolescents who think they may have poor prospects for the future and live in communities that are poor, segregated, and lack employment opportunities are more likely to initiate sex at an early age and engage in other high risk behaviors such as early substance use and truancy.[12]

***School Drop Outs.*** The proportion of sexually active teenagers is higher among those enrolled in schools with high drop out rates (more than 10%) than among those in school with low drop-out rates (less than 10%). [13] Although some research indicates that young women who have a first birth while they are still in school are more likely to drop out of school than those who do not, more recent studies suggest that many girls who become mothers drop out prior to pregnancy. Some researchers have estimated that about 25% of adolescents drop out prior to conception.[12]

***Adolescents Who Experience a Repeat Pregnancy.*** Many adolescents who give birth have another pregnancy within two years. Although most report that they did not intend to become pregnant again so quickly, many do not take steps to prevent conception. Some researchers have cited family history of short pregnancy intervals, low education, and low vocational skills as having a

strong effect on the probability of a repeat pregnancy within two years.[13] Other research has shown that adolescents who are at risk for a repeat pregnancy may not use contraceptives correctly or consistently after the birth of their first child.[15]

## Intervention Points, Strategies and Effectiveness

No single approach to adolescent pregnancy is appropriate for all adolescents in all circumstances and in every community. It is clear, however, that certain interventions have demonstrated some impact. All adolescents need sexuality education that teaches them refusal and negotiation skills and gives them up-to-date information about contraceptives and sexually transmitted diseases before they are sexually active. A number of promising interventions still need to be evaluated.

Adolescents also need clear strong messages, first from their parents and reinforced by schools, communities, and others, about the importance of making informed choices about sexual activity and contraception. Those who are sexually active need access to contraceptive services.

The Washington State Institute For Public Policy has recently compiled a review of rigorously evaluated adolescent pregnancy prevention programs across the country.[16] There is also a body of literature on strategies to reduce the adverse outcomes of adolescent pregnancy.

***Early Childhood Education.*** Research on early childhood programs over the past 25 years has shown positive outcomes among low income children who attend Head Start or other preschool education programs. A study of the Perry Preschool Program, for example, demonstrated positive long term effects on children growing up in poverty, including better grades, less failure in school, higher probability of completing high school, reduced welfare dependence, improved self confidence and self esteem, and significantly lower pregnancy rates at age 19.[12]

***School based Education.*** Evaluations based on national surveys suggest that school-based sexuality education increases young people's knowledge about conception and contraception. In a recent review of evaluated prevention programs, the Institute of Medicine found that "Sexuality education programs that provide information on both abstinence and contraceptive use neither encourage the onset of sexual intercourse nor increase the frequency of intercourse among adolescents. ...programs that provide both messages appear effective in delaying the onset of sexual intercourse and encouraging contraceptive use once sexual activity has begun, especially among younger adolescents."[11]

***Contraceptive Programs.*** Programs that provide contraceptives to adolescents, especially in conjunction with education on sexuality and reproductive health, show some positive results in increasing contraceptive use. Evaluations of school-based clinics in six states have also demonstrated some impact on contraceptive use, but little or no measured effects on reducing pregnancy rates. According to the Washington Institute For Public Policy, programs that include, but are not limited to family planning services, lead to a decrease in teen births.[16]

***Programs that Enhance Life Options for Adolescents.*** These programs are more difficult to evaluate, but some show promise. One example, peer counseling or mentorship, is now being evaluated in Washington. The Washington State Institute For Public Policy found that interactive programs, such as those that had youth practice concrete refusal skills or become involved in volunteer services, were more effective than programs that provided only classroom lectures.[16]

### *Data Sources*

State adolescent pregnancy data: Washington State Pregnancy and Induced Abortion Statistics, 1991-1994, Washington State Department of Health, Center for Health Statistics.

National adolescent pregnancy data: Ventura, SJ, et al. Trends in Pregnancies and Pregnancy Rates: Estimates for the United States, 1980-92. Monthly Vital Statistics Report. Centers for Disease Control. 43 (11): May 25, 1995.

### *For More Information*

Washington Department of Health, Division of Community and Family Health Maternal and Child Health Program (360) 753-6153

### *Endnotes*

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[3] Heck, Katherine, et al. "Lost Youth: Teen Pregnancy and Birth in King County." Seattle-King County Dept. of Public Health. October 1994.

[4] Washington State Department of Social and Health Services, Division of Medical Assistance., 1994.

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[7] Miller, Lesser, Reed "Adolescents and Very Low Birthweight Infants: A Disproportionate Association". Obstetrics and Gynecology. Vol. 87, No.1 January 1996

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[16] Teenage Pregnancy: A Summary of Prevention Programs, Evaluation Results. Washington State Institute for Public Policy.